

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH13097
State File No.BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3686**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 16	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4021 Utah		STREET ADDRESS (If rural, give location) 4021 Utah	
3. NAME OF DECEASED (Type or Print) a. (First) Louise E. Beccard b. (Middle) Louise c. (Last) Beccard		4. DATE OF DEATH (Month) (Day) (Year) Apr. 24, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jul. 8, 1887
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. Garment Worker		12. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME John F. Beccard		13b. MOTHER'S MAIDEN NAME Louise Freihaut	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME Gregory Beccard	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Rt. Lung (Primary) (b) Cancer of left breast (Primary) (c) remained 10 years ago. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Both Ca's established as primary & not metastatic.		19. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
19a. DATE OF OPERATION 1945		19b. MAJOR FINDINGS OF OPERATION Cancer of Breast. Lung Biopsy	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21a. ACCIDENT SUICIDE HOMICIDE None		21b. (CITY, TOWN, OR TOWNSHIP) St. Louis	
21c. (COUNTY) St. Louis		21d. (STATE) Mo.	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) None		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO <input checked="" type="checkbox"/> AT WORK	
21g. HOW DID INJURY OCCUR? None		21h. 170x	
22. I hereby certify that I attended the deceased from 3-22, 1955 , to 4-24, 1955 , that I last saw the deceased alive on 4-23, 1955 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. Carl Smith		23b. ADDRESS 539 N. Grand Blvd	
23c. DATE SIGNED 4-26-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-28-55		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul	
24d. LOCATION (City, town, or county) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	
DATE REC'D BY LOCAL REG. APR 26 1955		ADDRESS 6322 S. Grand, St. Louis, Mo.	

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Beccard

Robert Joy
539 N Grand
1 to 5 PM.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 428

P. O. Address.. 6322 20

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.